



# APPLY ONLINE AT WWW.DELCOTECH.ORG ADMISSION APPLICATION

PLEASE PRINT CLEARLY AND SUBMIT APPLICATION TO:

**ADMISSIONS, DELAWARE COUNTY TECHNICAL SCHOOLS • 701 HENDERSON BLVD. • FOLCROFT, PA 19032**  
PHONE: 610-583-7620 x3403

PA Secure ID# \_\_\_\_\_  
(provided by district counselor)

### STUDENT INFORMATION (PLEASE PRINT)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Undetermined  Are you a US Citizen? Yes  No

Student's Birthplace: \_\_\_\_\_ Student resides with:  Parent  Guardian  Other: \_\_\_\_\_  
Country, City and State

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Current School District: \_\_\_\_\_

### PLEASE IDENTIFY WHICH BEST DESCRIBES YOUR RACE AND/OR ETHNICITY:

Please note that we ask you to voluntarily complete this question. This information is not used in determining your admission to DCTS and you are not penalized for failure to provide the data.

Ethnicity (choose one)  
 Hispanic/Latino  
 Not Hispanic/Not Latino

Race (Choose one or more, regardless of ethnicity)  
 American Indian/Alaskan Native  
 Black/African American  
 White  
 Multi-Racial/Two or more races (not Hispanic)  
 Asian  
 Native Hawaiian or other Pacific Islander

### I AM INTERESTED IN THE FOLLOWING CAREER PROGRAMS:

First choice: \_\_\_\_\_ Second choice: \_\_\_\_\_ Third choice: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US? Check any that apply:

Received brochure in mail  Attended School Assembly  Referred by friend/family  Referred by Student Support

Website  Attended TechFest/Community Day Events  Referred by Guidance Counselor  Newspaper/Magazine/Online Ad

### PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

Primary Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
FIRST NAME LAST NAME RELATIONSHIP (REQUIRED)

Secondary Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
FIRST NAME LAST NAME RELATIONSHIP

### PARENT/GUARDIAN CONTRACT

- I, the parent/guardian of \_\_\_\_\_, do hereby understand the following:
- In order to attend the Delaware County Technical High Schools, a student must have successfully completed the 8th grade. Students must be 14 years old to enroll in the exploratory program and 15 years old to register in a DCTS career program.
  - Bus Transportation is provided by local school districts at no charge. Transportation arrangements must be made through the school district. Students who drive to DCTS must register for a permit at DCTS on the first day of school.
  - Photographs and/or videotapes of my child may be used for publicity or recruitment purposes. If you do not give your permission, please sign here. \_\_\_\_\_
  - I understand that while enrolled in DCTS my child will use a variety of technology resources, including the Internet, as part of his/her total educational experience.
  - I hereby give permission to release all school records to DCTS.
  - I agree to encourage effort, punctuality and attendance. I also agree to provide lab clothing as required, and I understand that such items are the personal property of the student, who must be responsible for their safekeeping.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY DISTRICT COUNSELORS

**Advanced Academic Courses:** Please check the course this student has passed thus far during secondary school(grades 7-12)

<b>LANGUAGE ARTS</b>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Pre-Calculus	<b>SCIENCE</b>	<input type="checkbox"/> AP Biology
<input type="checkbox"/> AP English	<b>MATH</b>	<input type="checkbox"/> Calculus	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Environmental Science
<input type="checkbox"/> College Prep English	<input type="checkbox"/> Algebra _____ I _____ II	<input type="checkbox"/> AP Calculus	<input type="checkbox"/> Biology	<input type="checkbox"/> Other _____
<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Geometry	<input type="checkbox"/> Other _____	<input type="checkbox"/> Physics	
_____ 1 _____ 2	<input type="checkbox"/> Trigonometry		<input type="checkbox"/> AP Physics	

### Please confirm attachments and student status:

<input type="checkbox"/> Application completed	<input type="checkbox"/> Copy of current report card attached	<input type="checkbox"/> IEP/RR (if applicable) - Please note a DCTS student support representative must participate at an IEP meeting prior to application
<input type="checkbox"/> Attendance record for current school year attached	<input type="checkbox"/> Student essay attached	<input type="checkbox"/> English Language Learner
<input type="checkbox"/> Transcripts attached	<input type="checkbox"/> 8th Grade PSSA Scores	<input type="checkbox"/> 504 Plan
	<input type="checkbox"/> Keystone Algebra 1 and Literature Scores	<input type="checkbox"/> Gifted
	<input type="checkbox"/> Student discipline record	

### All of the above items must be completed for applications to be processed.

District Counselor Name (Print) \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

